
State:	Arkansas	Filing Company:	Boston Mutual Life Insurance Company
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	General Agency Full Underwriting Application		
Project Name/Number:	GA Full Underwriting Application /IND-12-010		

Filing at a Glance

Company:	Boston Mutual Life Insurance Company
Product Name:	General Agency Full Underwriting Application
State:	Arkansas
TOI:	L07I Individual Life - Whole
Sub-TOI:	L07I.101 Fixed/Indeterminate Premium - Single Life
Filing Type:	Form
Date Submitted:	10/31/2012
SERFF Tr Num:	BSTN-128741415
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	IND-12-010
Implementation	On Approval
Date Requested:	
Author(s):	Peggy Schwartz, Kathy Padis
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/05/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State:	Arkansas	Filing Company:	Boston Mutual Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	General Agency Full Underwriting Application		
Project Name/Number:	GA Full Underwriting Application /IND-12-010		

General Information

Project Name: GA Full Underwriting Application

Project Number: IND-12-010

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kathy Padis

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed Concurrently.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/05/2012

State Status Changed: 11/05/2012

Created By: Kathy Padis

Corresponding Filing Tracking Number: IND-12-010

Filing Description:

: Boston Mutual Life Insurance Company

NAIC # 61476 FEIN #04-1106240

Individual Life Insurance Application Form:

Form #: NB1 8/12

Company Filing No. IND-12-010

We are submitting for approval the above application form. This is a new form and does not replace any other form.

This is a full underwriting application which will be used by licensed independent agents and brokers in the individual life insurance market. It will be used to apply for both whole life and endowment life under forms approved in your state. An approval list on the three policies which the form will be used with currently is included in this filing.

The form does not contain any unusual or controversial items from the standpoint of normal company or industry standards. The form is in final print, 10-point type. It meets the minimum readability requirements of this state and a certification is included with this filing. To the best of our knowledge and belief, this submittal complies with the laws and regulations of your state.

DOMICILIARY APPROVAL: This form was filed concurrently through the IIPRC. Massachusetts is a member of the IIPRC.

Company and Contact

Filing Contact Information

Peggy Schwartz, Product Filing Manager	marguerite_schwartz@bostonmutual.com
120 Royall Street	781-770-0423 [Phone]
Canton, MA 02021	781-770-0490 [FAX]

Filing Company Information

Boston Mutual Life Insurance Company	CoCode: 61476	State of Domicile:
120 Royall Street	Group Code: 581	Massachusetts
Canton, MA 02021	Group Name:	Company Type:
(781) 770-0423 ext. [Phone]	FEIN Number: 04-1106240	State ID Number:

State: Arkansas **Filing Company:** Boston Mutual Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: General Agency Full Underwriting Application
Project Name/Number: GA Full Underwriting Application /IND-12-010

Filing Fees

Fee Required? Yes
Fee Amount: \$225.00
Retaliatory? Yes
Fee Explanation: This would be the fee that Massachusetts would charge so this is the fee.
Per Company: No

Company	Amount	Date Processed	Transaction #
Boston Mutual Life Insurance Company	\$225.00	10/31/2012	64434342

SERFF Tracking #:	BSTN-128741415	State Tracking #:		Company Tracking #:	IND-12-010
State:	Arkansas	Filing Company:	Boston Mutual Life Insurance Company		
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life				
Product Name:	General Agency Full Underwriting Application				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2012	11/05/2012

State:	Arkansas	Filing Company:	Boston Mutual Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	General Agency Full Underwriting Application		
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Disposition

Disposition Date: 11/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Approval of Policies		Yes
Form	General Agencies Full Underwriting Application		Yes

State:	Arkansas	Filing Company:	Boston Mutual Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	General Agency Full Underwriting Application		
Project Name/Number:	GA Full Underwriting Application /IND-12-010		

Form Schedule

Lead Form Number: NB1 8/12								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		General Agencies Full Underwriting Application	NB1 8/12	AEF	Initial		65.800	914-065 NB1 (2).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

BOSTON MUTUAL LIFE INSURANCE COMPANY**APPLICATION FOR INDIVIDUAL LIFE INSURANCE - NB1**120 ROYALL STREET · CANTON, MASSACHUSETTS 02021-9968
NEW BUSINESS FAX: 877-366-3036 OR 781-770-0441

1st AGENT

2nd AGENT

Agency #

Payroll #

1. PROPOSED INSURED

Name Last	First	MI	Maiden Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Month Day Year	Age Nearest B-day	Place of Birth
Residence Address of Proposed Insured: No. & Street City State Zip					Tele. #: _____		
Communications Address (if other than residence address) No. & Street City State Zip					Other #: _____		
					Best Time to Call: _____		
Social Security # / TIN # - -	Occupation	Monthly Income \$	Marital Status <input type="checkbox"/> married <input type="checkbox"/> single	Height & Weight ft. in. lbs.	E-Mail		
Name & Address of Proposed Insured's Employer City State Zip					Actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. SECOND INSURED

Name Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth Month Day Year	Age	Place of Birth	Social Security # / TIN # - -	Relationship
Employer's Name & Address				Actively at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation	Monthly Income \$	Height & Weight ft. in. lbs.	

3. OWNER/PAYOR INFORMATION

<input type="checkbox"/> Owner <input type="checkbox"/> Payor (if other than Proposed Insured)	Name & Residence Address	Relationship	Owner/Payor's SS # / TIN # - -	Owner/Payor's Phone #
Payor's/Employer & Address	City State Zip	Income \$	Owner/Payor's Occupation	Date of Birth Month Day Year

4. POLICY INFORMATION – BE SURE TO ANSWER EACH QUESTION

Plan of Insurance	Amount \$	Accidental Death Benefit (ADB) <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Waiver of Premium (WP) <input type="checkbox"/> Yes <input type="checkbox"/> No	APL <input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend Options: <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Accumulate at Interest <input type="checkbox"/> Cash <input type="checkbox"/> Reduced Premium <input type="checkbox"/> One Year Term				

5. PREMIUM INFORMATION

Mode of Premium: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ PAC ☐ Allotment * ☐ Salary Deduction *

Premium paid with application \$ _____ * Frequency of deduction: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Modal Premium \$ _____ + PDF Amount \$ _____ = Total \$ _____

6. BENEFITS & RIDERS INFORMATION

Proposed Insured, Children			Spouse, 2nd Insured, Payor:		
Rider	Duration	Amount	Rider	Duration	Amount
<input type="checkbox"/> Children's Insurance Agreement		\$	<input type="checkbox"/> XP Term	yrs.	\$
<input type="checkbox"/> XP Term	yrs.	\$	<input type="checkbox"/> Payor Benefit (complete Section 3 Height/Weight & medical questions)		Payor Height & Weight ft. in. - lbs.
<input type="checkbox"/> Dis. Income	6 yrs.	\$ per mth.			
<input type="checkbox"/> GIR	yrs.	\$	<input type="checkbox"/> Other		
<input type="checkbox"/> Other					

7. CHILD RIDER COVERAGE (Insured's natural children, step-children or legally adopted. If not living with the applicant, please explain.)

Name (Last, First, MI)	Sex	Relationship to Proposed Insured	Date of Birth	Ht.	Wt.	Age
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-		
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-		
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-		
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-		

8. BENEFICIARY INFORMATION

Name(s), Address & Telephone #:	Relationship	Age	Date of Birth	Social Security #	% of Share	Date of Trust
Contingent Beneficiary(ies) Names and Address						

9. EXISTING INSURANCE COVERAGE

A. Do you have any existing insurance in force? <i>If “Yes” submit form NB-47 (Std-A) and complete below</i>		Primary Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Insured <input type="checkbox"/> Yes <input type="checkbox"/> No	Children <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Will the policy applied for replace or change any existing insurance or annuities on the life of any proposed covered person? <i>If “Yes” submit all required replacement forms.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all existing insurance <i>(Company Name and Address)</i>	Type	Amount	ADB Amount	Date Issued

10. TOBACCO USE INFORMATION

	Primary Insured	Second Insured	If you quit indicate type & date ceased for each
A. Do you use any form of tobacco or nicotine products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. If "No", have you ever used any form of tobacco or nicotine product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE GIVE FULL DETAILS IN SECTION 20 TO ALL "YES" ANSWERS

[illegible]

14.	Is any person to be insured pregnant? If "Yes" give name and number of months in Section 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Has any person to be insured used or currently consumes alcohol? If "Yes", approximately how many drinks per week? Give details Section #20.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any person to be insured:		
a)	Used: sedatives; hallucinogenic or narcotic drugs; amphetamines; barbiturates; cocaine; opiates; tranquilizers; morphine or is currently using other stimulants or depressants except as medication prescribed by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Received or been recommended for professional treatment or counseling for an alcohol or narcotic dependency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Taking or used any prescription drugs within the last 90 days? List the names of the drugs and conditions for which the drugs were prescribed in Section 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Within the last 2 years, had medical treatment or been advised to have any diagnostic test, hospitalization or surgery which was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e)	Had an electrocardiogram; chest x-ray or blood study of any kind in the past 2 years? If "Yes", please give name of physician completing test and results in Section 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f)	Within the past 10 years been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or AIDS related conditions or tested positive for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g)	Been under medical observation or receiving treatment, had a check-up or surgery or had any other illness during the past 3 years not reported in the above questions? If "Yes", give details in Section 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. FAMILY HISTORY

Has any person's natural parents, brothers or sisters either living or dead been treated for or diagnosed with any of the following: diabetes; cancer; high blood pressure; stroke; heart disease; kidney disease or Huntington's Chorea? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relative	Condition	Age at Onset	Age if Living	Age at Death

17. Do you exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of exercise	for how long	times per week
Name			
Name			

18. PERSONAL PHYSICIAN(s) – Primary, Second Insured and Children

Name of Proposed Insured	Personal Physician(s) - Name & Address	Phone Number	Date of Last Visit	Reason, Result
CHILDREN'S HEALTH if covered	Personal Physician(s) - Name & Address	Phone Number	Date of Last Visit	Reason, Result

19. CURRENT MEDICATION OR TREATMENT

Name of Proposed Insured	Prescription Name	Reason Prescribed	Doctor's Name & Address

20. Give complete details of any "Yes" answers recorded in Sections 9 through 16 in the space below. If more space is needed, use attached signed supplement to the application. (Check Box ☐ if supplement is used.)

Details to "Yes" Answers Question Number and Name	Illness, operation or other cause Reason for any checkup, doctor's advice and treatment	Diagnosis Dates and Duration	Names, addresses and telephone # of Doctors and Hospitals

Please be sure to list children's health histories, if they are to be covered.

– ACKNOWLEDGEMENTS –

To the best of my knowledge and belief, the statements in this application are complete and true. It is understood that if any statement is a material misrepresentation, coverage may be contested as a result. This application and any supplement shall form the basis for and become part of any policy issued. When the Company gives a Conditional Receipt coverage will start as shown in that form, provided the Company approves the application without any modification as to plan, amount or premium. If the application is approved with any such modification, the insurance will not take effect until the policy has been delivered to and accepted by me and will not take effect if there has been a change in my health as stated in the application.

The agent or tele-interviewer has no authority to waive the answer to any question in or to modify the application.

Corrections and Amendments to be Accepted by Owner on Delivery of Contract.

CONSUMER REPORT AUTHORIZATION

I authorize Boston Mutual Life Insurance Company to obtain a Consumer Report on me. I understand that information concerning my application for coverage may be verified through one or more of these reports and that information received through this process may be used in whole or in part to determine my eligibility for coverage. If the use of a Consumer Report results in an adverse action regarding my application for coverage, I will be informed by Boston Mutual of my rights, concerning that action.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Boston Mutual Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formally known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

MIB REPORTING AUTHORIZATION

I authorize Boston Mutual Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

**BOSTON MUTUAL LIFE INSURANCE COMPANY
AUTHORIZATION FOR RELEASE OF HEALTH RELATED INFORMATION
(This authorization complies with the HIPAA Privacy Rule)**

I authorize any health plan, insurer, physician, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, services, or payment to the Proposed Insured/s named above, or on their behalf, as well as the MIB, Inc. (*formally known as the Medical Information Bureau, Inc.*) and other medical information providers, to disclose the entire medical record and any other Protected Health Information concerning such person to the Boston Mutual Life Insurance Company (BML), its employees and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. The Protected Health Information is being disclosed so that BML may: 1) underwrite/assess an applicant's eligibility for coverage, 2) obtain reinsurance, 3) pay claims and, 4) conduct other legally permissible activities related to the coverage applied for by this individual. This authorization shall remain in force for 24 months following the date of my signature below. A copy of this authorization is as valid as the original. I understand that: I or my authorized representative have the right to revoke this authorization at any time by sending a written request for revocation. Revoking or failing to sign this Authorization may impair BML's ability to process this application; a revocation is not effective to the extent that the Authorization has been relied on for the above listed uses; any information disclosed pursuant to this authorization may be redisclosed and redisclosed information may no longer be covered by federal rules governing privacy or health information. I acknowledge that I have received a copy of BML's Notice of Privacy Practices. I have read this Authorization and understand that I or my authorized representative can receive a copy of it.

• DESIGNATION OF AUTHORIZED PERSONAL REPRESENTATIVE •

I, the undersigned, hereby, designate the beneficiary(ies) of this Boston Mutual Life Insurance policy, as my authorized personal representative(s) who, upon my death, may authorize the release of and may review all Protected Health Information relating to a claim against this policy. This designation will be void if I change my beneficiary(ies) or otherwise appoint another authorized personal representative. This designation shall remain in force for a period of 12 months following my date of death.

"Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law."

NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

NOTE: The agent is required to leave with you an original copy of written or printed communications used for presentation of the policy to you.

Application Signed at (City, State)

Signature of Primary Proposed Insured (Parent or Guardian must sign if proposed insured is under age 15)

Date of Application

Signature of Other Proposed/Spouse Insured

Signature of Owner if other than Primary Proposed Insured, Parent or Guardian

Name, Address and Telephone # of Secondary Addressee

FINANCIAL QUESTIONS

Complete when applying for the total amount of insurance \$200,000 and over on any insured.

(Please submit copies of financial statements, estate analysis, contractual agreements, etc. if used during the sale.)

What is the purpose of this insurance? _____

(e.g. estate conservation, buy-sell, keyperson)

How was the need for the Face Amount determined? _____

	Primary Insured	Other Insured
Gross annual earned income <i>(salary, commissions, bonuses, etc.)</i>	\$ _____	\$ _____
Gross annual unearned income <i>(dividends, interest, net real estate income, etc.)</i>	\$ _____	\$ _____
Household net worth <i>(combined)</i>	\$ _____	

In the past 5 years, has/have either of the Proposed Life Insured(s), or the business had any major financial problems *(bankruptcy, etc.)*? ☐ **Yes** ☐ **No** If **"Yes"**, give details _____

Additional Comments: _____

BANKING INFORMATION

REQUEST FOR ELECTRONIC FUNDS TRANSFER PLAN

BANK DRAFT PLAN <i>(please select one)</i> <input type="checkbox"/> CHECKING Attach VOIDED check <input type="checkbox"/> SAVINGS Transit/Routing and Account # Required And sign Authorization to the right	<div style="display: flex; justify-content: space-between;"> <div>Bank Name _____</div> <div>Bank Tel.# _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Transit/Routing # _____</div> <div>Account # _____</div> </div> <p>I authorize the payment of debits drawn on my account payable to Boston Mutual Life Insurance Company, provided there are sufficient funds in the account. I agree that if any such debit be dishonored, you shall be under no liability in the event the dishonored debit results in the forfeiture of insurance. This authority shall remain in effect until revoked by me in writing and until you actually receive such notice of revocation. <input type="checkbox"/> Draft First Premium</p> <p>I request withdrawal of payment on the <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th or <input type="checkbox"/> 25th day of each month beginning in the month of _____ * <i>(automatic option if no date is chosen)</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Date _____</div> <div style="width: 55%;">Signature <i>(as it appears on bank records)</i> _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 55%;">Signature of Joint Account Holder <i>(if applicable)</i> _____</div> </div>
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Comments or Special Requests: _____

AGENT'S REPORT AND CERTIFICATION: *(Must be completed in all cases)*

A. Agent relationship to proposed insured(s)? <input type="checkbox"/> Met on solicitation <input type="checkbox"/> Existing Client <input type="checkbox"/> Friend <input type="checkbox"/> Relative _____ How long have you known the proposed insured(s)? _____			
B. What are the client's Insurance objectives? <input type="checkbox"/> Mortgage <input type="checkbox"/> Final Expense <input type="checkbox"/> Business <input type="checkbox"/> Family Protection <input type="checkbox"/> Other: _____			
C. If Proposed Insured(s) is a dependent, amount of insurance on Parents or Legal Guardian: \$ _____ Are all siblings equally insured? If no, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D. Did you, with the client's assistance determine the insurance needs/suitability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Did you see all of those to be insured on the date the application was written and signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Do they all reside within the same home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G. Did you witness the signing of the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H. Were the questions contained in this Application asked <i>(as printed)</i> of the Proposed Insured(s), Owner(s) and the answers correctly recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I. Did you review an unexpired government issued picture ID sufficient to verify the identity of the Proposed Owner(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
J. Did the Proposed Owner/Applicant and Proposed Insured(s) exhibit any suspicious behavior that could be related to money laundering activities while completing this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Was the policy sold using a premium payment plan in which all or part of the future premiums are to be paid with values from loans, dividends or cash surrenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
L. To the best of your knowledge and belief, is any life insurance or annuity in force in this or any other company to be replaced in whole or in part by this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certification – I certify: (1) that this Application and any accompanying information are complete and true to the best of my knowledge and belief; and that I have given the Proposed Insured(s)/Owner the Notice of Information Privacy Practices; (2) that to the best of my knowledge and belief, the purchase of this insurance coverage will not result in a "stranger originated life Insurance policy" or STOLI transaction.			
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> Agent's Signature	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> Print Agent's Name	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> Agent's Phone Number	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> Agent's NPN

**Boston Mutual Life Insurance Company does not accept checks with policies for \$500,000.00 and over.
Please Enclose a Signed Illustration for Plans and States where required.**

APPLICATION SUPPLEMENT

ADDITIONAL BENEFICIARY INFORMATION

Primary Beneficiary: Name	Address & Telephone Number	Social Security #/ TIN #	Relationship to Primary Insured	% of Share	Age	Date of Birth	Date of Trust
1.							
2.							
3.							
4.							
Contingent Beneficiary: Name	Address & Telephone Number	Social Security #/ TIN #	Relationship to Primary Insured	% of Share	Age	Date of Birth	Date of Trust
1.							
2.							
3.							
4.							

ADDITIONAL CHILDREN FOR CHILDREN INSURANCE AGREEMENT (CIA) RIDER *(include natural, legally adopted or step children)*

Name <i>(Last, First, MI)</i>	Sex	Relationship to Primary Insured	Date of Birth	Height & Weight	Age
1.	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-	
2.	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-	
3.	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-	
4.	<input type="checkbox"/> M <input type="checkbox"/> F	Child		-	

ADDITIONAL HEALTH INFORMATION ON PROPOSED INSURED/PAYOR AND CHILDREN

Insured's Name:	Medical Condition	Medications	Dates	Doctor's Name, Address, Tel. #
1.				
2.				
3.				

Proposed Insured Signature

Signature of Second Insured and/or Payor

Date

PROPOSED INSURED'S PREVIOUS ADDRESS *if moved within 2 years:*

--

ILLUSTRATION CERTIFICATION AND ACKNOWLEDGMENT

(Only to be completed for policies with no illustration, for specific states and participating plans of insurance)

- ☐ I certify that a life insurance policy illustration(s) was not used during the sale of this life insurance policy.
- ☐ I certify that the policy(ies) applied for is other than as illustrated by me.
- ☐ I certify that a proposal was shown on a computer screen, but no hard copy(ies) was furnished.

Agent's Signature

Date

APPLICANT'S ACKNOWLEDGMENT

I acknowledge that a life insurance policy illustration(s) was not given to me at the time my application was written. I further understand that I will receive an illustration(s) at or before the time a policy(ies) is delivered to me.

Applicant's Signature

Date

BOSTON MUTUAL LIFE INSURANCE COMPANY CONDITIONAL RECEIPT FOR LIFE INSURANCE

UNLESS EACH AND EVERY CONDITION SPECIFIED BELOW is fulfilled exactly, no insurance will become effective prior to policy delivery, and the Company's liability will be limited to the refund of the payment for which this receipt is given. No Agent of the Company is authorized to alter or waive any such conditions.

Received from _____ the sum of \$ _____ being payment on account of an application for life insurance to the Boston Mutual Life Insurance Company, which application bears the same date.

The insurance applied for shall take effect (subject to the Limit of Liability) on the later of the date of the completed application or the last of any medical examinations or tests required by the Company, provided that the following conditions are fulfilled:

1. This payment must be equal to one monthly premium for the policy(s) applied for.
2. On the date the insurance is to be effective the Proposed Insured(s) must be acceptable to the Company at the standard premium rate for the plan and amount requested.

LIMIT OF LIABILITY: Any life insurance, including any accidental death benefits, effective under this Conditional Receipt shall not exceed \$100,000 on any person. This limit includes any such benefits already in force in the Company. Any premium paid in excess of such maximum liabilities shall create no additional liability on the part of the Company. This receipt shall be void in event of dishonor of any check or draft given for said payment and shall automatically become void at the end of sixty days after the date here of. This limit of liability shall be applicable to the insurance applied for under this and any other pending application. If the application is not approved within sixty days, the application file will be closed and you will be so notified. If you do not receive a contract or refund within sixty days please notify the Company. Give the amount paid, date of payment and name of the person to whom paid.

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY.
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

Agent

Date

Please leave this page with the Proposed Insured

State:	Arkansas	Filing Company:	Boston Mutual Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	General Agency Full Underwriting Application		
Project Name/Number:	GA Full Underwriting Application /IND-12-010		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Please find the Flesch Certification attached.		
Attachment(s):			
nb1 8 12-read cert (3).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:	Please find the Cover Letter attached.		
Attachment(s):			
FLTR-STD (6).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Approval of Policies		
Comments:	Please find attached the Policies and Approval Dates this Application will be currently used with.		
Attachment(s):			
OL0406.pdf			
E-98.pdf			
E-121.pdf			



I certify to the best of my knowledge and belief that these forms are in compliance with the NAIC Model Act regarding Simplified and Readable Life Insurance Policies.

I also certify that the Flesch scores for the form(s) contained in this submission are as indicated below.

FORM #

FLESCH SCORE

NB1 8/12

65.8

I also certify that these forms are printed in not less than 10 point type, one point leading.

A handwritten signature in cursive script that reads "Richard J. Miller".

Richard J. Miller
Director, Contracts & Compliance

Date: October 16, 2012



Peggy Schwartz, FLMI, ALHC, AIRC
Product Filing Manager

October 17, 2012

VIA SERFF

RE: Boston Mutual Life Insurance Company
NAIC # 61476 FEIN #04-1106240
Individual Life Insurance Application Form:
Form #: NB1 8/12

Company Filing No. IND-12-010

We are submitting for approval the above application form. This is a new form and does not replace any other form

This is a full underwriting application which will be used by licensed independent agents and brokers in the individual life insurance market. It will be used to apply for both whole life and endowment life under forms approved in your state. An approval list on the three policies which the form will be used with currently is included in this filing.

The form does not contain any unusual or controversial items from the standpoint of normal company or industry standards. The form is in final print, 10-point type. It meets the minimum readability requirements of this state and a certification is included with this filing. To the best of our knowledge and belief, this submittal complies with the laws and regulations of your state.

DOMICILIARY APPROVAL: This form was filed concurrently through the IIPRC. Massachusetts is a member of the IIPRC.

Please call me if you have any questions regarding this filing.

Sincerely;

A handwritten signature in black ink that reads "Peggy Schwartz". The signature is written in a cursive, flowing style.

Peggy Schwartz, FLMI, ALHC, AIRC
Product Filing Manager
781 770 0423
Fax: 781 770 0490
Marguerite_schwartz@bostonmutual.com

Status of A Filing in All States

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-06-003	Ordinary Life Policy	AK	10/13/2004	Approved Standard		OL-04 [v2]; Exempt;	
IND-06-003	Ordinary Life Policy	AL	10/28/2004	Approved Standard	11/8/2004	OL-04 [v2]	
IND-06-003	Ordinary Life Policy	AZ		Approved Standard		OL-04 [v2]; Exempt;	
IND-06-003	Ordinary Life Policy	AR	10/19/2004	Approved Variations	10/21/2004	OL-04 [v2]; Variation page 4;	page 4
IND-06-003	Ordinary Life Policy	CA	10/28/2004	Approved Variations	2/28/2005	OL-04 [v2]; Paper Filing; Variation; Deemed Approved;	page 1
IND-06-003	Ordinary Life Policy	CO		Approved Variations		OL-04 [v2]; Exempt	page 14
IND-06-003	Ordinary Life Policy	CT	10/13/2004	Approved Standard	11/15/2004	OL-04 [v2];	
IND-06-003	Ordinary Life Policy	DE	10/13/2004	Approved Standard	11/30/2004	OL-04 [v2];	
IND-06-003	Ordinary Life Policy	DC	10/13/2004	Approved Standard	11/12/2004	OL-04 [v2]	
IND-06-003	Ordinary Life Policy	FL	10/28/2004	Approved Variations	12/3/2004	OL-04 [v2]; Variation pgs 9 & 11;	pages 9 & 11
IND-06-003	Ordinary Life Policy	GA		Approved Standard		OL-04 [v2]; Exempt	
IND-06-003	Ordinary Life Policy	HI	10/13/2004	Approved Standard	10/14/2004	OL-04 [v2]	
IND-06-003	Ordinary Life Policy	ID	10/13/2004	Approved Variations	10/19/2004	OL-04 [v2]; Variation page 9;	page 9 variation
IND-06-003	Ordinary Life Policy	IL	10/28/2004	Approved Standard	1/31/2005	OL-04 [v2]	
IND-06-003	Ordinary Life Policy	IN	4/21/2006	Approved Variations	3/7/2007	OL-06- E;	pages: 1,2,4,9,11,15
IND-06-003	Ordinary Life Policy	IA	10/28/2004	Approved Variations	10/28/2004	OL-04[v2];	page 14
IND-06-003	Ordinary Life Policy	KS	10/19/2004	Approved Variations	11/8/2004	OL-04 [v2];	page 8

OL-04/06

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-06-003	Ordinary Life Policy	KY		Approved Standard		OL-04[v2]; Exempt;	
IND-06-003	Ordinary Life Policy	LA	10/21/2004	Approved Standard	11/8/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	ME	10/21/2004	Approved Standard	11/17/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	MD	10/20/2004	Approved Variations	11/14/2006	OL-06; Variation;	pages: 1,8,10
IND-06-003	Ordinary Life Policy	MA	9/30/2004	Approved Standard	10/5/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	MI		Approved Standard		OL-04[v2]; Exempt;	
IND-06-003	Ordinary Life Policy	MN	10/28/2004	Approved Variations	12/8/2004	OL-04[v2]	pages: 1,4,14
IND-06-003	Ordinary Life Policy	MS	10/4/2004	Approved Standard	10/20/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	MO	10/21/2004	Approved Variations	10/29/2004	OL-04[v2]	pages: 1 & 14
IND-06-003	Ordinary Life Policy	MT		Not Filed		NOT SOLD IN MONTANA	
IND-06-003	Ordinary Life Policy	NE	10/21/2004	Approved Variations	11/18/2004	OL-04[v2]; Variation	page 1
IND-06-003	Ordinary Life Policy	NV	10/4/2004	Approved Standard	10/26/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	NH	10/11/2004	Approved Variations	10/28/2004	OL-04[v2]	pages: 4 & 7
IND-06-003	Ordinary Life Policy	NJ	5/1/2006	Approved Variations	12/23/2008	OL-06NJ; SERFF BSTN-125871734;State# 08-092208;	Variation to policyOL-06H pages: 1,4,5,8,9,10,11,13
IND-06-003	Ordinary Life Policy	NM	10/19/2004	Approved Standard	11/9/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	NY		Not Filed			
IND-06-003	Ordinary Life Policy	NC	10/12/2004	Approved Variations	11/16/2004	OL-04[v2]; Variation	page 1
IND-06-003	Ordinary Life Policy	ND	10/12/2004	Approved Variations	11/16/2004	OL-04[v2]	pages 4 & 14
IND-06-003	Ordinary Life Policy	OH	10/12/2004	Approved Standard	11/9/2004	OL-04[v2]	

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-06-003	Ordinary Life Policy	OK	10/21/2004	Approved Variations	11/17/2004	OL-04[v2]	pages: 1 & 8
IND-06-003	Ordinary Life Policy	OR	10/25/2004	Approved Variations	11/24/2004	OL-04[v2]; Variations	pages: 1 and 4
IND-06-003	Ordinary Life Policy	PA		Approved Standard		OL-04[v2]; Exempt	
IND-06-003	Ordinary Life Policy	RI	10/12/2004	Approved Standard	11/9/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	SC	10/29/2004	Approved Variations	11/1/2004	OL-04[v2]	pages: 4 and 14
IND-06-003	Ordinary Life Policy	SD	10/5/2004	Approved Standard	11/8/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	TN	9/30/2004	Approved Standard	5/25/2006	OL-06 VERSION	
IND-06-003	Ordinary Life Policy	TX	9/30/2004	Approved Standard	5/16/2006	OL-06; APPROVED AS EXEMPT	
IND-06-003	Ordinary Life Policy	UT	10/5/2004	Approved Standard	12/3/2004	OL-04[v2]	
IND-06-003	Ordinary Life Policy	VT	4/24/2006	Approved Variations	12/10/2006	OL-06E; SERFF #BSTN-125872135;State#41021;	Variation pages: 1,2,3,4,13, 14,15,
IND-06-003	Ordinary Life Policy	VA	4/24/2006	Approved Variations	11/2/2007	OL-06; SERFF tracking # USPH 6P35WN177 State # 1/14998;	Application variation; pol variation-page 4
IND-06-003	Ordinary Life Policy	WA	9/30/2004	Approved Variations	5/3/2005	OL-04[v2]	minimum face of \$25,000
IND-06-003	Ordinary Life Policy	WV	10/28/2004	Approved Variations	11/12/2004	OL-04[v2]	variation- pages: 4 & 14,
IND-06-003	Ordinary Life Policy	WI	9/30/2004	Approved Variations	11/4/2004	OL-04[v2]	page 9
IND-06-003	Ordinary Life Policy	WY	11/1/2004	Approved Variations	11/4/2004	OL-04[v2]; SERFF # USPH-667J3R981;	page 4
IND-06-003	Ordinary Life Policy	PR	9/30/2004	Approved Variations	8/12/2005	OL-04[v2]; SPECIAL TRANSLATION FILED, APPROVED BY DOI;	page 8

Status of A Filing in All States

E-98

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-07-007	Gen Agency Endowment Policy & application	AK	12/17/2007	Approved Standard	12/17/2007	Exempt	
IND-07-007	Gen Agency Endowment Policy & application	AL	12/21/2007	Approved Variations	12/27/2007	SERFF Tracking # BSTN-125378441 sent to ISS 2/21	policy variation
IND-07-007	Gen Agency Endowment Policy & application	AZ	12/17/2007	Approved Standard	12/17/2007	Exempt	
IND-07-007	Gen Agency Endowment Policy & application	AR	12/17/2007	Approved Variations	12/26/2007	SERFF tracking # BSTN-125378442; State # 37669	Policy variation
IND-07-007	Gen Agency Endowment Policy & application	CA	12/17/2007	Approved Variations	12/17/2007	Exempt from filing	Policy & App Variation
IND-07-007	Gen Agency Endowment Policy & application	CO	12/17/2007	Approved Variations	12/17/2007	Exempt	Policy & App variation
IND-07-007	Gen Agency Endowment Policy & application	CT	1/8/2008	Approved Variations	2/6/2008	SERFF # BSTN-125378443	App variation only
IND-07-007	Gen Agency Endowment Policy & application	DE	12/17/2007	Approved Standard	1/22/2008	SERFF Tr Num: BSTN-125378444; State Tr Num: 19652;	
IND-07-007	Gen Agency Endowment Policy & application	DC	12/18/2007	Approved Variations	1/7/2007	SERFF tracking # BSTN-125378445;	App variation
IND-07-007	Gen Agency Endowment Policy & application	FL	12/13/2007	Approved Variations	1/18/2008	File Log Number: FLA 07-22912;	Policy & App variation
IND-07-007	Gen Agency Endowment Policy & application	GA	12/17/2007	Approved Variations	12/17/2007	Exempt	App variation
IND-07-007	Gen Agency Endowment Policy & application	HI	12/17/2007	Approved Standard	2/19/2008	BSTN-125378446; State Tr Num: 122730;	
IND-07-007	Gen Agency Endowment Policy & application	ID	12/17/2007	Approved Variations	1/8/2008	SERFF Tr Num: BSTN-125378447; Serff Status- Closed-Filed;	Policy variation

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-07-007	Gen Agency Endowment Policy & application	IL	12/17/2008	Approved Variations	4/23/2008	Deemed 4/23/08 - approved 3/20/09 SERFF # BSTN-125447670 State tracking IND-07-007	policy variation
IND-07-007	Gen Agency Endowment Policy & application	IN	12/18/2007	Approved Variations	1/14/2008	SERFF Tr Num: BSTN-125378448;	policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	IA	4/22/2008	Approved Variations	4/23/2008	Home state approval required before filing; SERFF TR Num: BSTN-125378449;	Policy variation
IND-07-007	Gen Agency Endowment Policy & application	KS	12/18/2007	Approved Variations	1/9/2008	SERFF Tr Num: BSTN-125378450;	Policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	KY	12/27/2007	Approved Standard	1/10/2008	SERFF Tr Num: BSTN-125378451; State Tr Number: 2007-003172-L;	
IND-07-007	Gen Agency Endowment Policy & application	LA	1/15/2008	Approved Variations	1/23/2008	SERFF Tr Num: BSTN-125378452; State Tr Num: 226857;	App & Policy variation
IND-07-007	Gen Agency Endowment Policy & application	ME	1/11/2008	Approved Variations	1/15/2008	SERFF Tr Num: BSTN-125378453;	App variation
IND-07-007	Gen Agency Endowment Policy & application	MD	1/17/2008	Approved Variations	4/29/2008	;SERFF Tr Num:BSTN-125378225;State Tr Num: E-98 (10/07);	Policy & App variation
IND-07-007	Gen Agency Endowment Policy & application	MA	12/14/2007	Approved Variations	4/15/2008	SRB # 110755 SERFF # BSTN-125368147;	policy and App variation
IND-07-007	Gen Agency Endowment Policy & application	MI	12/17/2007	Approved Standard	12/17/2007	Exempt	
IND-07-007	Gen Agency Endowment Policy & application	MN	1/10/2008	Approved Variations	2/27/2008	SERFF Tr Num: BSTN-125378227; State Tr Num: BSTN-125378227;	Policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	MS	1/9/2008	Approved Standard	5/27/2008	SERFF # BSTN-125378228	
IND-07-007	Gen Agency Endowment Policy & application	MO	1/2/2008	Approved Variations	2/7/2008	SERFF Tr Num: BSTN-125378229;	policy variation
IND-07-007	Gen Agency Endowment Policy & application	MT		Not Filed		Will not be filed here	

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-07-007	Gen Agency Endowment Policy & application	NE	1/15/2008	Approved Variations	2/12/2008	SERFF Tr Num: BSTN-125378231; State Tr Num Is 48469;	Policy Variation
IND-07-007	Gen Agency Endowment Policy & application	NV	1/4/2008	Approved Standard	4/4/2008	still pending with no objections as of 4/2/08; SERFF Tr Num: BSTN-125378232; State Tr Num: 17344154;	
IND-07-007	Gen Agency Endowment Policy & application	NH	12/20/2007	Approved Variations	1/8/2008	SERFF Tr Num: BSTN-125378233; State Tr Num: 01082008;	Policy & app Variation
IND-07-007	Gen Agency Endowment Policy & application	NJ	12/18/2007	Approved Variations	12/5/2008	Paper filing - objection rec'd - re-filed 9/17/08 available for marketing under the deemer 30 days after the re-file date but full approval given on 12/23/08 SERFF # BSTN-125871830 State # 08-092210	policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	NM	12/18/2007	Approved Standard	1/2/2008	SERFF Tr Num: BSTN-125378234; State Tr Num: BSTN-125378234;	
IND-07-007	Gen Agency Endowment Policy & application	NY		Not Filed		Will Not be filed here	
IND-07-007	Gen Agency Endowment Policy & application	NC	4/15/2008	Approved Variations	6/26/2008	Home state approval required -rec'd HS approval 4/15; Objection received 5/27/2008; SERFF Tr Num: BSTN-125378236; State Tr Num: LH071451;	App & Policy variation
IND-07-007	Gen Agency Endowment Policy & application	ND	1/7/2008	Approved Variations	1/17/2008	SERFF Tr Num- BSTN-125378237; State Tr Num- 64303;	Policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	OH	12/20/2007	Approved Standard	1/18/2008	SERFF Tr Num: BSTN-125378238; State Tr Num: BSTN-125378238; State Status: Filed;	
IND-07-007	Gen Agency Endowment Policy & application	OK	1/11/2008	Approved Variations	2/11/2008	SERFF # BSTN-125378240;	Policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	OR	1/30/2008	Approved Variations	5/14/2008	SERFF # BSTN-125378242 State # LI 0181 08	Policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	PA	2/14/2008	Approved Variations	4/14/2008	Policy is deregulated but application must be filed and approved SERFF BSTN-125485281 State # B12686001	App variation - Policy sta

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-07-007	Gen Agency Endowment Policy & application	RI	12/12/2007	Approved Standard	12/12/2007	SERFF # BSTN-125378222	
IND-07-007	Gen Agency Endowment Policy & application	SC	12/13/2007	Approved Variations	12/27/2007	SERFF # BSTN-125368150; State tracking # 207517	Policy variation
IND-07-007	Gen Agency Endowment Policy & application	SD	12/18/2007	Approved Standard	12/19/2007	SERFF # BSTN-125368151;	
IND-07-007	Gen Agency Endowment Policy & application	TN	12/13/2007	Approved Variatlons	1/22/2008	SERFF Tr Num:125368152;State Tr Num: L-071109	policy variation
IND-07-007	Gen Agency Endowment Policy & application	TX	12/18/2007	Approved Variations	12/27/2007	Paper filing - policy and application filed as exempt	app variation
IND-07-007	Gen Agency Endowment Policy & application	UT	4/25/2008	Approved Variations	4/25/2008	Home state approval required -rec'd approval 4/15/08; SERFF Tr Num:BSTN-125624002; State Tr Num: 70113; Application is standard-Policy has a variation; State Status: Filed For Use;	policy variation
IND-07-007	Gen Agency Endowment Policy & application	VT	1/25/2008	Approved Variations	2/7/2008	SERFF # BSTN-125368153 State # 35240	policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	VA	1/23/2008	Approved Variations	9/11/2008	SERFF # BSTN 125368154 State # 1/16668 Special ID verification authorization used here	Policy & app variation,Sp verification authorization
IND-07-007	Gen Agency Endowment Policy & application	WA	1/25/2008	Approved Variations	6/18/2008	Actuarial Obj received 4/2/08 - sent to actuarial 4/2/08 - re-sent 4/15/08 - response sent to state 4/25; SERFF Tr Number-BSTN-125368155;	policy & App variation
IND-07-007	Gen Agency Endowment Policy & application	WV	12/18/2007	Approved Variations	12/19/2007	SERFF # BSTN-125368156; State # 71219004	App & Policy variation
IND-07-007	Gen Agency Endowment Policy & application	WI	1/23/2008	Approved Variations	2/8/2008	SERFF Tr Num: BSTN-125368157;	Policy & app variation
IND-07-007	Gen Agency Endowment Policy & application	WY	12/13/2007	Approved Variations	12/14/2007	SERFF # BSTN-125368158;	Policy variation
IND-07-007	Gen Agency Endowment Policy & application	PR	1/30/2008	Approved Variations	5/14/2008	sent note to dept requesting deem as of 5/2/08 - DEEMED as of 5/14/08- rejected by dept on 7/10/08 re-filed completely 7/15/08 - can be used with prior deem	Policy & app variation

Status of A Filing in All States

E-121

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-08-002	Endowment at age 121	AK	6/6/2008	Approved Standard	6/6/2008	Exempt	standard
IND-08-002	Endowment at age 121	AL	6/18/2008	Approved Variations	6/19/2008	Policy now has a variation; SERFF TR Num is: BSTN-125694182;	Policy
IND-08-002	Endowment at age 121	AZ	6/6/2008	Approved Standard	6/6/2008	Exempt	standard
IND-08-002	Endowment at age 121	AR	6/19/2008	Approved Variations	6/20/2008	SERFF Tr Num: BSTN-125694183; State Tr Num-39348;	Policy
IND-08-002	Endowment at age 121	CA		Approved Variations	6/6/2008	Exempt	Policy variation
IND-08-002	Endowment at age 121	CO	6/6/2008	Approved Variations	6/6/2008	Exempt	policy variation
IND-08-002	Endowment at age 121	CT	6/19/2008	Approved Standard	8/7/2008	SERFF tracking # BSTN-125694184 State # 200859221	standard
IND-08-002	Endowment at age 121	DE	7/3/2008	Approved Standard	8/12/2008	SERFF # BSTN-125694185 State # 24823 7/08 filing sent to outside actuary by department	standard
IND-08-002	Endowment at age 121	DC	6/18/2008	Approved Standard	7/17/2008	SERFF TR Num:BSTN-125694186;	standard
IND-08-002	Endowment at age 121	FL	7/15/2008	Approved Variations	8/22/2008	Florida File Log Number: FLA 08-14621;	policy variation
IND-08-002	Endowment at age 121	GA	6/6/2008	Approved Standard	6/6/2008	Exempt	standard
IND-08-002	Endowment at age 121	HI	6/20/2008	Approved Standard	7/16/2008	SERFF Tr Num: BSTN-125694187;State Tr Num: 126724; Closed-Acknowledged;	standard
IND-08-002	Endowment at age 121	ID	6/19/2008	Approved Variations	6/23/2008	SERFF Tr Num: BSTN-125694188;State Status-Filed;	policy variation
IND-08-002	Endowment at age 121	IL	7/15/2008			Request to deem denied - re-filed with additional info 4/10/09 - cannot be deemed until re-file is accepted.	policy variation

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-08-002	Endowment at age 121	IN	6/18/2008	Approved Variations	7/2/2008	SERFF Tr Num:BSTN-125694189;	policy variation
IND-08-002	Endowment at age 121	IA	9/2/2008	Approved Variations	9/2/2008	HS approval required;SERFF TR Num: BSTN-125694190;	policy variation
IND-08-002	Endowment at age 121	KS	6/19/2008	Approved Standard	6/20/2008	SERFF Tr Num: BSTN-125694191;State Status-Approved & Filed;	standard
IND-08-002	Endowment at age 121	KY	6/20/2008	Approved Standard	6/30/2008	SERFF Tr Num: 125694192; State Tr Num: 2008-004248-L;	standard
IND-08-002	Endowment at age 121	LA	6/24/2008	Approved Standard	6/26/2008	SERFF Tr Num: BSTN-125694194;State Tr Num: 233252;	standard
IND-08-002	Endowment at age 121	ME	6/25/2008	Approved Standard	6/27/2008	SERFF-BSTN-125694195;	standard
IND-08-002	Endowment at age 121	MD	7/9/2008	Approved Variations	11/12/2008	SERFF Tr Num: BSTN-125683649; State Tr Num-10;	policy variation
IND-08-002	Endowment at age 121	MA	6/3/2008	Approved Variations	8/29/2008	SERFF tracking # BSTN-125657498 State Tracking # 114530	policy variation
IND-08-002	Endowment at age 121	MI	6/6/2008	Approved Standard	6/6/2008	Exempt	standard
IND-08-002	Endowment at age 121	MN	7/2/2008	Approved Variations	7/24/2008	Objec Received - Changes to Cover & p.9; SERFF Tr Num: BSTN-125683650; State Tr Num: BSTN-125683650;	policy variation
IND-08-002	Endowment at age 121	MS	6/26/2008	Approved Standard	11/14/2008	SERFF Tr Num:BSTN-125683651;	standard
IND-08-002	Endowment at age 121	MO	6/26/2008	Approved Variations	6/26/2008	SERFF Tr Num: BSTN-125683652;State Tr Num: 0806270009;	policy variation
IND-08-002	Endowment at age 121	MT				NOT FILED HERE	
IND-08-002	Endowment at age 121	NE	6/27/2008	Approved Variations	7/23/2008	SERFF Tr Num: BSTN-125683653; State Tr Num: 49922,	policy variation
IND-08-002	Endowment at age 121	NV	6/24/2008	Approved Standard	7/28/2008	SERFF TR Num: BSTN-125683654; State Tr Num: 21069278;	standard

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-08-002	Endowment at age 121	NH	6/18/2008	Approved Variations	6/24/2008	SERFF Tr Num: BSTN-125701128; State Tr Num: E-121(3/08);	Policy variation
IND-08-002	Endowment at age 121	NJ		Approved Variations	12/23/2008	Could be deemed approved as of 12/1/08 but rec'd full approval on 12/23/08 under SERFF # BSTN-125870450 State # 08-092209	policy variation
IND-08-002	Endowment at age 121	NM	6/24/2008	Approved Standard	7/17/2008	SERFF Tr Num: BSTN-125683656; State Tr Num: BSTN-125683656;	standard
IND-08-002	Endowment at age 121	NY				NOT FILED HERE	
IND-08-002	Endowment at age 121	NC	9/2/2008	Approved Variations	9/9/2008	requires home state approval; SERFF Tr Num: BSTN-125739268; NC File Num: LH073165;	Policy variation
IND-08-002	Endowment at age 121	ND	6/27/2008	Approved Variations	7/9/2008	SERFF # BSTN-125683658; State # 67547	policy variation
IND-08-002	Endowment at age 121	OH	6/26/2008	Approved Variations	8/11/2008	SERFF # BSTN-125683659 (State # is same as SERFF)	Variation - page 4
IND-08-002	Endowment at age 121	OK	6/25/2008	Approved Variations	7/8/2008	SERFF Tr Num: BSTN-125683660; State Tr Num: BSTN-125683660;	Policy variation
IND-08-002	Endowment at age 121	OR	7/17/2008	Approved Variations	8/28/2008	SERFF Tr Num: BSTN-125683661; State Tr Num: LI 0587 08;	policy variation
IND-08-002	Endowment at age 121	PA	6/6/2008	Approved Standard	6/6/2008	Exempt	standard
IND-08-002	Endowment at age 121	RI	6/18/2008	Approved Standard	6/18/2008	SERFF Tr Num-BSTN-125683663;	standard
IND-08-002	Endowment at age 121	SC	6/19/2008	Approved Variations	6/27/2008	SERFF Tr Num: BSTN-125657499; State Tr Num: 213821;	variation
IND-08-002	Endowment at age 121	SD	6/19/2008	Approved Standard	6/20/2008	SERFF Tr Num: BSTN-125657501;	standard
IND-08-002	Endowment at age 121	TN	6/23/2008	Approved Variations	7/1/2008	SERFF Tr Num: BSTN-125657502; State Tr Num: L-080568;	policy variation
IND-08-002	Endowment at age 121	TX	7/15/2008	Approved Standard	7/18/2008	paper filing; Filing ID # 2729874-0;	standard

<i>FilingNumber</i>	<i>ProductName</i>	<i>Stat</i>	<i>SubmittedDate</i>	<i>Status</i>	<i>ApprovalDate</i>	<i>Notes</i>	<i>Variations</i>
IND-08-002	Endowment at age 121	UT	9/11/2008	Approved Variations	11/4/2008	SERFF Tr Num: BSTN-125813131; State Tr Num: 73290; Filed For Use-State's Disposition Date is : 9/11/2008-same as Submitted Date.	policy variation
IND-08-002	Endowment at age 121	VT	6/24/2008	Approved Variations	7/10/2008	SERFF # BSTN-125657505 State # 38101	policy variation
IND-08-002	Endowment at age 121	VA	6/24/2008	Approved Variations	7/23/2008	Objection 7/23 - response sent 7/23; SERFF Tr Num: BSTN-125657506; State Tr Num: 1/17027;	policy variation, Notice N Rev. 4/01
IND-08-002	Endowment at age 121	WA	7/31/2008	Approved Variations	11/7/2008	cannot issue under \$25,000; SERFF Tr Num: BSTN-125657507;	Standard
IND-08-002	Endowment at age 121	WV	6/19/2008	Approved Variations	6/25/2008	SERFF Tr Num: BSTN- 125657508; State Tr Num: 80619004;	Policy variation
IND-08-002	Endowment at age 121	WI	6/23/2008	Approved Variations	7/8/2008	SERFF # BSTN-125657509;	policy variation
IND-08-002	Endowment at age 121	WY	6/19/2008	Approved Variations	7/2/2008	SERFF Tr Num: BSTN-125657510;	policy variation
IND-08-002	Endowment at age 121	PR	6/3/2008	Approved Variations	11/3/2008	The department extended the deemer date by an additional 60 days taking the total to 120 days. Therefore, without correspondence, this filing can be used as of 11/3/08 - department officially deemed the filing as approved on 4/13/09	policy variation